

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)

ADDRESS (number and street)

450 Lexington Ave, #4184

Check if different
than previously
reported. (ACC)

New York

NY

10017

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00640086

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☒ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2023

through

M M M / D D D / Y Y Y Y Y Y
04 30 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Brouillard, Michael, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Brouillard, Michael, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 19 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2023 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2023

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|--|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2023 | | 64002.61 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 47550.81 | |
| (c) Total Receipts (from Line 19) | 11598.79 | 24098.79 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 59149.60 | 88101.40 |
| 7. Total Disbursements (from Line 31)..... | 2100.55 | 31052.35 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 57049.05 | 57049.05 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
04 / 01 / 2023

To:

M M / D D / Y Y Y Y Y
04 / 30 / 2023

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2500.00

15000.00

(ii) Unitemized

9098.79

9098.79

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

11598.79

24098.79

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

11598.79

24098.79

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

11598.79

24098.79

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

11598.79

24098.79

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 100.55 | 477.35 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 100.55 | 477.35 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 5000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 2000.00 | 25575.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 2100.55 | 31052.35 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2100.55 | 31052.35 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 11598.79 | 24098.79 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11598.79 | 24098.79 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 100.55 | 477.35 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 100.55 | 477.35 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Agle, Betsy, , ,

Mailing Address 777 C St SE
Apt P-210

City
Washington

State
DC

Zip Code
20003-4482

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2023

Transaction ID : 49590

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bernhardt, Susan, , ,

Mailing Address 530 Cognewaugh Rd

City

Cos Cob

State

CT

Zip Code

06807-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2023

Transaction ID : 49605

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carfagna, Rita, , ,

Mailing Address 2881 S Park Blvd

City

Shaker Heights

State

OH

Zip Code

44120-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2023

Transaction ID : 49624

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Conroy, Scott, , ,

Mailing Address 14110 Lake Scene Trl

City
Houston

State
TX

Zip Code
77059-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Optometrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2023

Transaction ID : 49728

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ellett, Susan, , ,

Mailing Address 4535 Croatan Rd

City
Richmond

State
VA

Zip Code
23235-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2023

Transaction ID : 49720

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fuller, Julie, , ,

Mailing Address 2423 E Lake Sammamish PI SE

City
Sammamish

State
WA

Zip Code
98075-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2023

Transaction ID : 49584

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 10

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gillard, Peter, , ,

Mailing Address 302 21St Ave W

City
PolsonState
MTZip Code
59860-4043FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Confederated Salish And Kootenai TribeOccupation (for Individual)
GIS Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2023

Transaction ID : 49618

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hansen, Heidi, , ,Mailing Address 145 Laurel St
Apt 7

City

San Francisco

State
CAZip Code
94118-2063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2023

Transaction ID : 49709

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sloter, Jolene, , ,

Mailing Address 9112 Vendome Dr

City

Bethesda

State
MDZip Code
20817-4021FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2023

Transaction ID : 49721

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)

Full Name (Last, First, Middle Initial)

A. Authorize.Net

Mailing Address PO Box 947

City
American ForkState
UTZip Code
84003-0947Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 0 | 4 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 500002504

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.Net

Mailing Address PO Box 947

City
American ForkState
UTZip Code
84003-0947Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 0 | 4 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : 500002505

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)

Full Name (Last, First, Middle Initial)

A. Jim Ross For Mayor

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 2 | 5 | | | 2 | 0 | 2 | 3 | |

Mailing Address 1975 Ballpark Way
Unit 201605City
ArlingtonState
TXZip Code
76006-4462Purpose of Disbursement
Non-Federal Political Contribution

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500002508

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ron Nirenberg Campaign

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 2 | 5 | | | 2 | 0 | 2 | 3 | |

Mailing Address PO Box 12072

City
San AntonioState
TXZip Code
78212-0072Purpose of Disbursement
Non-Federal Political Contribution

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500002509

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | | |

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

2000.00